



# *In the Literature*

## EXPLORING THE COST AND VALUE OF PRIVATE VERSUS SHARED BEDROOMS IN NURSING HOMES

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In the process of transforming from impersonal institutions to homelike settings, nursing facilities for the elderly are under great pressure to make changes that respect residents' autonomy, dignity, and preferences. One central question in nursing home reform is the relative merits of private bedrooms versus shared bedrooms.

Some experts argue that the benefits of private rooms are self-evident or that they are well supported by research studies. Others say that private rooms are too expensive to build and operate. The issue is a pressing one, as many nursing homes are slated to be significantly renovated or replaced over the next decade.

In the Commonwealth Fund–supported study, "[Exploring the Cost and Value of Private Versus Shared Bedrooms in Nursing Homes](#)" (*The Gerontologist*, Apr. 2007), researchers conclude that private rooms are indeed associated with better psychosocial and clinical outcomes. While private rooms may entail substantially higher construction costs than shared rooms, the extra funds are likely to be recouped due to their greater market appeal.

### **Residents, Families, and Staff Prefer Private Rooms**

The research literature provides strong evidence that elderly adults overwhelmingly prefer single rooms over shared rooms, says Margaret Calkins, Ph.D., the study's lead author and chair of the IDEAS Institute, a non-profit research institute that helps in creating supportive care settings for the

elderly. Not only do the older adults value the privacy single rooms afford, they like the greater sense of control over their environment.

Interviews and focus groups conducted with staff and residents confirmed these findings. Nursing home staff noted that shared rooms sometimes prevented family members from visiting as long as they would have preferred. Family members, meanwhile, reported that when they were visiting dying relatives, being in the presence of roommates made them feel uncomfortable.

### **Shared Bedrooms Linked with Infections, Sleep Problems**

Living in a shared versus private room has implications for the health of residents. Most research suggests that there is a reduced risk of developing a nosocomial infection in a private room, compared with a shared bedroom. One study found that roommates of nursing home residents infected with the influenza A virus were more than three times more likely to contract the infection than residents living in private rooms.

In addition, there is strong empirical evidence that shared rooms negatively affect sleep patterns, although much of this evidence is derived from studies in hospital settings, the authors say. During interviews and focus groups, nursing home residents and staff linked shared rooms with poor sleep patterns, particularly in cases where nurses needed to check on one of the roommates frequently.

### **Private Rooms Bring Operational Efficiencies**

Bedroom configurations may affect the operational efficiency of nursing homes. While there is scant empirical evidence on this topic, nursing home staff and administrators reported that shared rooms required greater effort for marketing and admissions. They also said that shared rooms meant more time had to be spent dealing with families and handling conflicts, and more time managing room transfers.

Bedroom configurations may also affect the quality of resident–staff communications, making it hard to maintain confidentiality when discussing medical matters.

### **Building Costs Higher, But Extra Costs Recouped**

The researchers found few studies related to the construction or ongoing building-related costs of nursing homes. To estimate costs of construction, they simulated the building costs for three bedroom configurations: private rooms, traditional shared rooms, and “enhanced” shared rooms, in which residents have a defined private area within a shared room, or a private bedroom and shared bathroom. They concluded that construction costs are higher for both private and enhanced shared rooms, but noted that nursing homes can often charge more for such rooms. One large national study found that private rooms cost, on average, \$23 more per day—making it possible to recoup the estimated additional construction and debt costs in less than four years. The business case for private rooms is even more compelling if nursing

homes have trouble filling beds in shared rooms. It can take less than seven months to recoup the cost of construction and debt service for two private rooms versus one shared room if the second bed in the shared room is vacant.

Further evidence is needed to inform nursing home designs in years to come, the authors say. Yet “the evidence on preferences, satisfaction, and quality of life for residents in private rooms is substantial,” they write. “Even the cost analysis suggests that, with a relatively minor increase in reimbursement, the differential construction and capital costs can be recovered.”

### Facts and Figures

- In 2005, the typical nursing home was 29 years old. Many nursing homes will have to be replaced or renovated in the next decade.
- An AARP study found that older adults (over age 50) prefer private to shared rooms by 20 to 1.
- One study found that 84% of the nursing home residents who developed acute nonbacterial gastroenteritis during an outbreak had a roommate; only 16% of those who became ill had a private room.